Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
DONALD M. MCPHAUL, MD

Respondent Name
WAUSAU UNDERWRITERS INSURANCE

MFDR Tracking Number
M4-14-1996-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
MARCH 7, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim was billed per Medical Fee Guideline conversion factors as established in 28 Texas Administrative Code 134.203."

Amount in Dispute: $778.72

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 99203…was paid at the Texas Workers' Compensation fee schedule allowance of $172.63…CPT 95912…was denied as this charge was not reflected in the report as one of the procedures/services performed…CPT 95886…were denied as procedure code should not be billed without appropriate primary procedure…As the primary procedure is the nerve conduction study code and CPT 95912 was not supported and thus denied, payment could not be made for the add-on-codes 95886 x 2. With correction of the nerve conduction code to the documented procedure code of 95910, the EMG codes 95886 x 2 would have been paid…HCPCS A4556 was denied as bundled or non covered procedure based on Medicare guidelines; no separate payment allowed."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 13, 2013	CPT Code 99203 New Patient Office Visit	$16.51	$0.00
	CPT Code 95886 (X2) Needle EMG	$296.62	$270.72
	CPT Code 95912 Nerve Conduction Studies (11-12)	$457.10	$0.00
	HCPCS Code A4556 Electrodes	$25.00	$0.00
TOTAL		$778.72	$270.72

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, *33 Texas Register 364*, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - Z710-The charge for this procedure exceeds the fee schedule allowance.
   - B13-Previously paid. Payment for this claim/service may have been provided in a previous payment.
   - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - U058-Procedure code should not be billed without appropriate primary procedure.
   - X133-This charge was not reflected in the report as one of the procedures or services performed.
   - B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
   - X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

Issues

1. Is the requestor entitled to additional reimbursement for CPT code 99203?
2. Did the requestor bill for CPT code 95886 appropriately?
3. Does the documentation support billing of code 95912?
4. Is the benefit for HCPCS code A4556 included in the benefit of another service billed on the disputed date? Is the requestor entitled to reimbursement for HCPCS code A4556?

Findings

1. The issue in dispute is whether the requestor is due additional reimbursement for CPT codes 99203?

   Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
   (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32.

   (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) Division conversion factor in 2007."

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

   The 2013 DWC conversion factor for this service is 55.3.

   The Medicare Conversion Factor is 34.023

   Review of Box 32 on the CMS-1500 the services were rendered in zip code 76053, which is located in Hurst, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Fort Worth, Texas".

   The Medicare participating amount for 99203 is $106.21.

   Using the above formula, the Division finds the MAR is $172.63. The respondent paid $172.63. Therefore, the requestor is not due additional reimbursement.

2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 95886 based upon reason code "U058".

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203 (b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

A review of the submitted medical bill finds that the requestor billed the needle EMG in conjunction with a NCS; therefore, the respondent's denial is not supported. Therefore, reimbursement per 28 Texas Administrative Code §134.203(c)(1)(2) is recommended.

Using the above formula, the Division finds that the Medicare participating amount for code 95886 is $83.28; therefore, the MAR is $135.36. The requestor billed for two units ($135.36 X 2) = $270.72; this amount is recommended for reimbursement.

3. The respondent denied reimbursement for the nerve conduction studies based upon reason code "X133".

   The respondent states "The motor without F wave testing of the same nerve (Ulnar bilaterally) which also had motor with F wavers performed should not be counter per CPT Assistant March 2013 pages 3-5, as follows: 'For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test."

   CPT code 95912 is defined as a 11-12 nerve conduction studies. A review of the submitted medical report supports 8 studies; therefore, the requestor did not support billing CPT code 95912. As a result, reimbursement is not recommended

4. According to the explanation of benefits, the respondent denied reimbursement for HCPCS code A4556 based upon reason code "B291."

   HCPCS Code A4556 is defined as "Electrodes (e.g., apnea monitor), per pair."

   Per Medicare guidelines, if HCPCS codes A4556 is incidental to the physician service, it is not separately payable. A review of the submitted documentation does not support a separate service. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due for the specified services. As a result, the amount ordered is $270.72.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $270.72 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	12/12/2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.